

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) GROW WV INC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00564716 </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 25 / 2016</div> </div>	
Mailing Address 210 W Pennsylvania Ave, Ste 250			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12476.00</div>	
City Towson	State MD	Zip Code 21204	Transaction ID : SE.4612 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 28 / 2016</div> </div>	
Purpose of Expenditure Advertising - TV - also opposes state candidate		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate Clinton, Hillary, R, ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">12476.00</div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

Full Name of Payee Mentzer Media Services, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 25 / 2016</div> </div>	
Mailing Address 210 W Pennsylvania Ave, Ste 250			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5234.00</div>	
City Towson	State MD	Zip Code 21204	Transaction ID : SE.4613 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 28 / 2016</div> </div>	
Purpose of Expenditure Advertising - TV - also opposes state candidate		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate Clinton, Hillary, R, ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">17710.00</div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">17710.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Scott, Mark, , ,

[Electronically Filed]

Date

MM / DD / YYYY

10 / 26 / 2016